

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09731703</u>		FILING DATE <u>02-12-01</u>	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3	1	1	1	1	1	1	53		
4				1			54		
5				1			55		
6				1			56		
7				1			57		
8				1			58		
9				1			59		
10				1			60		
11				1			61		
12				1			62		
13							63		
14						1	64		
15						1	65		
16						1	66		
17						1	67		
18						1	68		
19						1	69		
20						1	70		
21						1	71		
22						1	72		
23						1	73		
24						1	74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2		4		TOTAL IND.		
TOTAL DEP.	2		10		10		TOTAL DEP.		
TOTAL CLAIMS	4		12		14		TOTAL CLAIMS		